

3762

41

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Alan J. Dextradeur et al.
Application No: 10/047,204
Filing Date: January 14, 2002
Entitled: MULTI-CATHETER INSERTION
DEVICE AND METHOD
Atty. Docket No: 22719-27 (COD-140)

Group Art Unit: 3762

Examiner: Leslie R. Deakay

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SEP 01 2004
TECHNOLOGY CENTER R3700

Certificate of Mailing (37 C.F.R. 1.8(a))

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By:

August 25, 2004

Date of Signature and Mail Deposit

Lisa J. Michaud, Reg. No: 44,238

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Dear Sir:

Applicant submits the following amendments and remarks in response to the Office Action dated June 4, 2004.

Amendments to the Claims begin on page 2 of this paper.

Remarks being on page 6 of this paper.

08/30/2004 RMEBRAHT 00000021 10047204

01 FC:1202

72.00 OP



AMENDMENT TRANSMITTAL LETTER

Docket No.
22719-27 (COD-140)

Application No.
10/047,204

Filing Date
January 14, 2002

Examiner
Leslie R. Deak

Art Unit
3762

Applicant(s): Alan J. Dextradeur et al.

Invention: MULTI-CATHETER INSERTION DEVICE AND METHOD

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

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CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	26	- 22 =	4	x 18.00	72.00
Independent Claims	3	- 3 =	0	x 86.00	0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): n/a					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					72.00

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

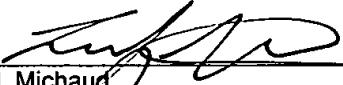
A check in the amount of \$ 72.00 to cover the extension fee and extra claims is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 141449 as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Lisa J. Michaud
Attorney Reg. No.: 44,238

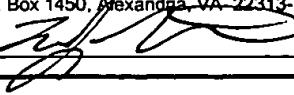
Dated: August 25, 2004

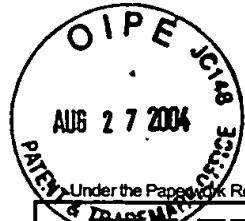
NUTTER MCCLENNEN & FISH LLP
World Trade Center West
155 Seaport Boulevard
Boston, Massachusetts 02210-2604
(617) 439-2000

Amendment Transmittal

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Dated: August 25, 2004

Signature:  (Lisa J. Michaud)



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FEES TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 72.00)

Complete if Known

Application Number	10/047,204
Filing Date	January 14, 2002
First Named Inventor	Alan J. Dextradeur et al.
Examiner Name	Leslie R. Deak
Art Unit	3762
Attorney Docket No.	22719-27 (COD-140)

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order Other None

Deposit Account:

 Deposit Account Number **141449**

 Deposit Account Name **Nutter McCennen & Fish LLP**

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)		0.00	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	26	-22** = 4 x 18.00 =	72.00
Independent Claims	3	-3** = 0 x 0 =	0
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		72.00

** or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee to cover sheet.	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify)			
*Reduced by Basic Filing Fee Paid			SUBTOTAL (3) (\$)
			0.00

SUBTOTAL (3) (\$)

0.00

SUBMITTED BY (Complete if applicable)

Name (Print/Type)	Lisa J. Michaud	Registration No. (Attorney/Agent)	44,238	Telephone	(617) 439-2000
Signature				Date	August 25, 2004

Fee Transmittal

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Dated: August 25, 2004

Signature: (Lisa J. Michaud)